

RURAL DISTRICT
OF
BRIDLINGTON
SANITARY AUTHORITY.

REPORT for the Year 1908,

OF

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R E P O R T, 1908.

BRIDLINGTON,

February, 1909.

GENTLEMEN,

I have the honour to present to you my Annual Report on the Health and Sanitary condition of the Rural District of Bridlington for 1908.

The progress of events and the general condition of things during the year has been what may be described as unequivocally normal. There has been no great amount of sickness, no exaggerated death-rate, no marked decline in the birth-rate; there has been a little Zymotic disease of the lighter variety, and a little progress in various directions of sanitary work—after a little pressure and a little prodding. I am pleased to be able to report that your district shows evidence of the quiet unobtrusive sanitary work which has been done during the past few years. In the early years of any movement which has for its motive the changing of conditions involving vested interests, proprietary rights, and a particular expenditure for a general good, we must expect a steady passive resistance, undemonstrative, sometimes powerful in quarters where least anticipated, and only to be overcome by an educated public opinion. That this public opinion is taking force and growing in knowledge and power is to me evident year by year, by the increased interest shown in sanitary work in the more secluded and outlying parts of the district, where your Sanitary Inspector's visits are now looked for and his work intelligently appreciated. Where at one time, indeed a *rara avis*—and occasionally looked on with suspicion—he is now a welcome visitor, and the recipient of heaps of information, sometimes reliable, occasionally not, for the sanitarian has to walk warily when guided by “information received,” and test everything for himself. The local politician, defeated in his aspirations, may have a score to wipe off, and the gentleman whose hen roost is more prolific, and his exhibits more successful at the local show than his neighbours, may find himself the object of a new-born hatred of dirt, and a desire for sanitary perfection, until then undreamt of, thereabouts. Such trifles show that the smaller executive functions of Sanitary Authorities, and the more elementary principles of Hygiene are becoming common knowledge, to be invoked no doubt for any number of reasons than the right one, but nevertheless useful from

an educational point of view, and indicative as they stand of an enlightening of public opinion on the standard of Sanitary decency and domestic comfort. Most beneficial far-reaching changes are gradual—early signs are not always discernible to the casual onlooker—but as years go by they gradually broaden out until everyone becomes conscious of the changed aspect of things. A new school or a new house here, a rejuvenated one there, perhaps new water supply or repaved yard, are modest but gratifying indications of the progress of sanitary events. The problems of domestic sanitation are the most important and pressing of the many duties of a local authority. To ensure decent dwellings, with sufficient air-space and means of ventilation, reliable water supply, suitable domestic offices and garden ground, will do much to induce young people to marry and settle on the land, and at the same time check the spread of “wasting diseases.” An uncontaminated water supply and proper conservancy system have in many parts of the country reduced Enteric Fever and Dietetic Disease to the vanishing point—and when allied with proper structural regard to admission of sunlight and a healthy atmosphere will go far in checking the ravages of Consumption—for why should sunshine and pure air be considered monopolies of Sanatoria? Surely every house should be in these particulars a sanatorium; that at any rate is the ideal at which Sanitary Authorities should aim.

The estimated population for 1908 is a little lower than for the preceding year—and the lowest we have on record—both birth and death-rates corresponding—but I may point out that we are now nearing another Census, and estimates, towards the end of an intercensal period, become somewhat problematical, and must so remain until corrected by the fixed data of the approaching enumeration.

The Marriage-rate is a little higher than in 1907, and the actual number of marriages exceed by two those of the previous year, and whilst apparently somewhat below that of the United Kingdom, I daresay if calculated according to the Registrar-General's method, on the number of persons of marriageable age in any given locality, it would be found pretty nearly the same as the rest of Rural England. It is a melancholy fact, or series of facts, that all over England and Wales both marriages and births have steadily declined for many years past, and this down-grade tendency has not yet come to a stand.

The general health of the community has been good during 1908. Sickness of the Zymotic type was not extensive, its character mild and non-fatal. The Elementary Schools at Lissett, Flambro', Rudstone and Ulrome were closed in the first quarter for two or three weeks each on account of Measles or Diphtheria, and the Hun-

many school for a fortnight in the summer for Whooping Cough. Such a favourable condition of things must not be regarded as in any way permanent, and other things being equal there remains over a larger proportion of susceptibles to contract disease when next infection appears. Further, the huge and rapidly growing crowd of unvaccinated children is transforming us into an unprotected community—which, like an open barrel of gunpowder, stands ready to explode on the appearance of infection in the mob of unprotected, or when the lighted match is thrown into the barrel. You will do well to make provision against this danger by providing some easily adaptable accommodation of a cheap kind to receive Small-Pox patients, and contracting with another Authority to receive such suitable cases of Scarlet Fever, Diphtheria, and so on, as you wish to isolate. By removing an early badly-housed case, and thoroughly disinfecting contacts and things, a threatened epidemic may often be brought to a timely end.

The extremely important subject of Tuberculosis has received much attention on all sides during the past year, and naturally resolves itself into two questions—the prevention of the disease and its adequate and appropriate treatment. questions apparently distinct and separate, but which intersect each other in many directions. Tuberculosis of the Respiratory System, generally recognised as “Consumption,” is essentially one of bad ventilation and undue contact, and only secondarily of food; whilst the primary disease in the abdominal viscera comes naturally from infected ingesta and affects chiefly the very young—both of the human and bovine species. The last group is mostly supplied from those fed on cows’ milk, for in the human subject where the mother is diseased the powers of lactation very early fail, whilst a tuberculous udder in the cow is commercially productive for a considerable period, and the milk is virulently infective. Equally the housing, or environment, as the term now is, affects both species, and it is of the utmost importance that both dwellings and cowsheds should be so constructed and kept as to secure a healthy atmosphere and as much freedom from contact as practicable. To this end prompt and helpful support should be given your Sanitary Inspector’s recommendations as regards dwellings, and your Regulations as to Cowsheds and the cleanliness of animals and milkers be rigidly enforced, and I would again strongly urge you to appoint a Veterinary Inspector to advise on points requiring expert professional knowledge. The hoary wisdom of ages tells us with confident assurance that “prevention is better than cure,” an axiom accepted in this matter at any rate by most of us with any practical experience, for once Tuberculosis is thoroughly established, the case is problematical even under the most favourable conditions.

The second part of the problem—the treatment of Tuberculosis of the Lung, for that is the most pressing phase of the disease, and the one which more directly concerns a Sanitary Authority—is less clear. Segregation of the affected is undoubtedly the first step, but how is this to be done, whether at home, whether in local sanatoria, or sent elsewhere, can only be decided after a careful consideration of the circumstances affecting individual cases, and the point whether the Sanitary Authority should be advised to deal with them can only be settled after a full knowledge of the amount of disease in the district has been obtained. The first step is to obtain Notification of Tuberculous Phthisis, either voluntary or by Local Act. The principle of Compulsory Notification has been already adopted by the Legislature regarding the seven “principal zymotic diseases,” and also as to Consumption, so far as relates to Poor-Law cases, and many important centres of population have adopted a voluntary system as regards it. There is nothing harassing or likely to cause distress to the individual in notifying the case. By the time he comes under medical treatment, and the diagnosis is sufficiently advanced to warrant Notification, his condition is apparent to his friends, and the patient feels sufficiently ill to be glad of sympathy and treatment which in all ways will help to effect a cure, a consummation not very likely in the poor without such assistance. I have, therefore, to advise that you take steps to secure the earliest Notification of Consumption in your District.

Inspector Robson's valuable report sets out the great amount of good work done in his department. Dwelling-houses, water supply, scavenging, milk-shops, and dairies, slaughter-houses, bakehouses, and offensive trades have all received the benefit of his attention, and the district has profited by his indefatigable labours. You have in Inspector Robson a conscientious and courageous official, endowed with tact and ability, deserving of your support and confidence.

SEWERAGE AND PUBLIC SCAVENGING.

The drainage of Lissett has been carried out during the year, and should considerably increase the healthiness of the place. Proper arrangements have been made for regularly flushing the Flamborough sewers, weekly in the winter and twice a week in the summer. The Hunmanby sewers are much better than in former years, but I should like to see a properly constructed outfall tank. Public scavenging has been at last adopted in Hunmanby to the great improvement of the atmosphere of the place, and satisfaction of many of the inhabitants. At Flamborough the public scavenger has been doing work for years, but we have not yet succeeded in dealing satisfactorily with the bait-refuse nuisance—quantities of rotten bait, stinking shell fish and shells deposited anywhere handy, at times make some parts of the village more mal-odorous than picturesque.

WATER SUPPLY.

The Water Supply of the District is still very poor—not from absence of source of supply, but neglect of utilisation. Not merely small cottages, but valuable farms, let at several hundreds a year, are dependent on roof collection and the rain water tub or dirty cistern for their only provision of potable water—supplemented sometimes by a duck pond, or perhaps a well sunk in the precincts of the fold-yard. At both Wold Newton and North Burton wells have been opened, cleansed, and as far as practicable protected from pollution; in both villages an additional well is required. At Hunmanby the Water Supply is much what it was several years ago, and I have to press upon you the necessity of taking early steps to provide a suitable water service. All the public and very nearly all the private supplies are shallow surface wells, and unsuitable for dietetic purposes without boiling. Thwing has the deepest public well in the district, but the weight of chains and buckets on the windlass make the task very onerous, and many prefer to send water-carts to Wold Newton when any extra amount is required. Some calculations I made a few years ago lead me to think there is not sufficient water to make it worth while providing a gas engine or power windmill to raise it; otherwise the position of the well in the highest point of the village admirably fits it for water distribution by gravitation, and the possibility of further increasing the output of the well is receiving consideration. The Water Supply of Skipsea is not entirely satisfactory, and merits investigation. Some private supplies are very liable to contamination.

MILK SUPPLY AND DAIRIES.

I am glad to see that Inspector Robson is alive to the importance of cleansing milkers' hands, and paying like attention to the udders and teats of milch-kine. Not only does such cleansing keep the parts clean, but early signs of disease are more likely to be noticed when the parts are subject to daily observation. A small leaflet, dealing with the necessity of cleanliness, is being prepared, and will be circulated in the district among all whom it concerns.

Name of Parish.	Population at Census in 1881.	Population at Census in 1891.	Population at Census in 1901.	Births in 1908	Deaths in 1908.	
					All Causes.	Zymotic.
Bessingby	80	87	170	3	...	...
Carnaby	180	200	192	4	...	...
Boynton	156	126	161	2	...	...
Easton	23	32	38	1	...	...
Hilderthorpe	26	41	80	...	...	...
Sewerby and Marton	343	331	330	4	4	...
Buckton	151	141	158	4	3	...
Flamborough	1355	1288	1189	31	27	...
Bempton & Newsome	309	310	284	6	5	...
Rural Bridlington...	2626	2556	2602	55	39	...
Hunmanby	1351	1309	1289	22	13	...
Speeton	160	151	146	5	1	...
Grindale	179	157	154	6	1	...
Argham	39	40	40	...	...	...
Rudston	604	578	552	17	5	...
Thwing and Octon ...	439	367	326	9	2	...
Wold Newton	310	292	274	3	2	...
North Burton	543	425	422	14	7	...
Reighton	254	252	219	5	2	...
Fordon	57	38	38	...	...	...
Hunmanby Sub-Dist.	3936	3609	3460	91	33	...
Burton Agnes	342	321	326	6	5	...
Haisthorpe... ..	123	121	118	3	...	...
Thornholme	110	115	84	2	...	...
Gransmoor... ..	84	68	69	2	2	...
Lissett	90	105	98	1	2	...
Ulrome	194	198	187	4	4	...
Dringhoe, Upton, and Brough	156	156	136	2	...	...
Skipsea	398	341	288	11	6	...
Barmston	193	213	210	4	2	...
Fraisthorpe, Auburn, and Wilsthorpe.....	126	124	111	1	1	...
Skipsea Sub-District	1821	1762	1627	36	22	...
Rural District ...	8383	8927	7689	182	104	...

POPULATION.

The local table of Parishes shows 94 deaths, and the table of gross mortality 88—the extra six are of inhabitants who have died outside the limits of the Rural District, but whose deaths having to be considered in working out the mortality-rate, are allotted to their respective localities.

TABULAR SYNOPSIS.

Sub-District.	Estimated Population in 1908.	Births in 1908.	Birth Rate.	Deaths.		Death Rates in 1908.		
				At all Ages	Under 1 year.	General.	Zymotic.	Infantile.
Rural Bridlington	2565	55	21·4	39	5	15·2	0·00	90·9
Hunmanby	3497	91	26·02	33	6	9·4	0·00	65·9
Skipsea	1576	36	22·8	22	2	13·9	0·00	55·5
Rural Districts	7638	182	23·8	94	13	12·3	0·00	71·4

VITAL STATISTICS OF ENGLAND & WALES IN 1908.

The Birth-rate in England and Wales in 1908 was 26·5 per 1000 of the population, which is 0·2 per 1000 above the rate in 1907. Compared with the average in the ten years, 1898-1907, the Birth-rate in 1908 showed a decrease of 1·6 per 1000.

The Death-rate in 1908 was 14·7 per 1000, which was 0·3 per 1000 below the rate in 1907, and lower than the rate in any other year on record; compared with the average rate in the ten years, 1898-1907, the Death-rate in 1908 showed a decrease of 1·7 per 1000.

The rate of mortality among infants under one year of age to 1000 Registered Births was 121, which is 3 per 1000 above the rate in 1907. The rate in 1908 was, with the exception of that recorded in the previous year, lower than any other year on record. Compared with the average in the ten years, 1898-1907, the rate of infantile mortality showed a decrease of 21 per 1000. The Death-rate among persons aged between one year and 60 years was 7·2, and that among persons aged 60 years and upwards was 67·9 per 1000 of the estimated population at the respective groups of ages.

The Zymotic Death-rate was 1·29 per 1000 living, against 1·55, 1·77, and 1·28 respectively in the three preceding years.

ANNUAL DEATH RATE PER 1000 LIVING.

	Birth Rate.	Death Rate, All Causes.	Principal Epi- demic Diseases in Cols. 4 & 10.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.	Deaths under 1 year per 1000 Births.
Columns	1	2	3	4	5	6	7	8	9	10	11
England and Wales ...	26.5	14.7	1.29	0.00	0.22	0.08	0.15	0.27	0.07	0.51	121
76 Great Towns... ..	27.0	15.8	1.59	0.00	0.31	0.10	0.16	0.29	0.08	0.65	128
142 Smaller Towns ...	26.0	14.7	1.26	0.00	0.20	0.06	0.15	0.25	0.08	0.52	124
England and Wales } less the 218 Towns }	26.2	13.8	0.99	0.00	0.13	0.06	0.15	0.25	0.07	0.33	110

The Vital Statistics of England and Wales, together with the subjoined table, are taken from the Registrar-General's Report for the final quarter of 1908.

MARRIAGES.

The number of Marriages in the Rural District in 1908 was 40, being at the rate of 10·4 persons married to each 1000 living. The Marriage-rate for the three immediately preceding years was 9·9, 7·7, and 9·5. The mean average rate for the ten years, 1898-1907, for England and Wales was 17·3.

BIRTHS AND BIRTH-RATES.

There were 182 Births registered in the Rural District during 1908, which is equivalent to a Birth-rate of 23·8 per 1000 living, as compared with 24·6 in 1907, 26·9 in 1906, and 24·03 in 1905.

The Sub-District Birth-rates were:—Rural Bridlington, 21·4; Hunmanby, 26·02; and Skipsea, 22·8. The Illegitimate Births number 17, and equal an Illegitimate Birth-rate of 2·2 per 1000 of the population, and 9·3 per cent. of the total Births.

TABLE OF QUARTERLY TOTALS (BIRTHS.)

		1908.			1907.		
BRIDLINGTON SUB-DISTRICT.		Males.	Females.	Total.	Males.	Females.	Total.
1st Quarter.....		10	5	15	14	3	17
2nd Quarter.....		9	9	18	10	9	19
3rd Quarter.....		4	3	7	10	7	17
4th Quarter.....		6	9	15	5	9	14
Totals...		29	26	55	39	28	67
HUNMANBY SUB-DISTRICT.							
1st Quarter.....		17	12	29	9	8	17
2nd Quarter.....		6	10	16	15	11	26
3rd Quarter.....		7	11	18	11	16	27
4th Quarter.....		16	12	28	13	10	23
Totals...		46	45	91	48	45	93
SKIPSEA SUB-DISTRICT.							
1st Quarter.....		8	3	11	3	4	7
2nd Quarter.....		4	6	10	2	2	4
3rd Quarter.....		2	4	6	4	4	8
4th Quarter.....		4	5	9	5	4	9
Totals...		18	18	36	14	14	28
Totals for Rural District...		93	89	182	101	87	188

DEATHS AND DEATH-RATES.

The corrected Deaths for the Rural District in 1908 were 94, against 104 in 1907 and 110 in 1906. The Death-rate from all causes at all ages was 12·3 per 1000 living, as compared with 13·5, 14·20, and 13·17 in 1907, 1906, and 1905 respectively, and 13·8 for Rural England in 1908.

There were 13 deaths of children under one year of age, being in proportion of 71·4 infantile deaths to each 1000 registered births, and 38·6 below the rate for Rural England and Wales in 1908, and 36·6 below the corresponding rate for 1907. Of these infantile deaths one, or 7·6 per cent., was born out of wedlock, and represents 5·3 per cent. of the illegitimate births of the year, a considerable improvement on some years gone by.

TABLE OF QUARTERLY TOTALS (DEATHS).

	1908.			1907.		
	Males.	Females.	Total.	Males.	Females.	Total.
BRIDLINGTON SUB-DISTRICT.						
1st Quarter.....	2	5	7	5	7	12
2nd Quarter.....	7	2	9	6	6	12
3rd Quarter.....	4	6	10	5	7	12
4th Quarter.....	6	7	13	5	7	12
Totals...	19	20	39	21	27	48
HUNMANBY SUB-DISTRICT.						
1st Quarter.....	1	8	9	7	7	14
2nd Quarter.....	2	6	8	2	5	7
3rd Quarter.....	3	3	6	5	7	12
4th Quarter.....	9	1	10	3	7	10
Totals.....	15	18	33	17	26	43
SKIPSEA SUB-DISTRICT.						
1st Quarter.....	7	2	9	3	3	6
2nd Quarter.....	3	3	6	2	1	3
3rd Quarter.....	3	2	5	1	1	2
4th Quarter.....	1	1	2	1	1	2
Totals...	14	8	22	7	6	13
Totals for Rural District...	48	46	94	45	59	104

CAUSE OF DEATH.	AGE.						SEX.		Registration Sub-District			QUARTER OF YEAR.				
	Under 1 year	From 1 to 5.	From 5 to 15.	From 15 to 25.	From 25 to 65.	From 65 upwards.	Males.	Females.	Bridlington.	Hunmanby.	Skipsea.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total.
Influenza .. .. .	..	..	..	..	..	3	1	2	2	1	1	3	..	..	..	3
Phthisis Pulmonalis .. ..	..	..	..	..	..	1	1	5	4	1	1	1	..	2	1	6
General Tuberculosis	2	..	1	1	1	6	3	3	2	3	1	..	1	2	3	9
Cancer and Malignant Disease	..	..	..	..	2	3	5	5	3	4	1	..	3	2	3	8
Bronchitis, and Pneumonia ..	2	..	..	1	1	3	4	4	1	2	1	1	..	1	4	7
Diabetes .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Rheumatic Fever .. .. .	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1
Anæmia .. .. .	..	..	..	..	..	..	..	2	..	2	..	1	..	1	..	2
Diseases of Brain and Spinal Cord ..	1	..	..	1	1	7	5	4	4	2	1	3	2	1	2	9
Diseases of Kidney and Bladder ..	..	..	1	..	1	..	1	1	4	1	1	1	1	2	..	2
Diseases of Heart .. .. .	..	..	1	..	1	3	7	4	6	1	1	1	4	..	3	11
Diseases of Abdominal Viscera ..	1	..	..	..	1	1	1	2	..	..	2	..	..	2	1	3
Premature Birth and Congenital Defects	5	..	..	..	..	..	3	2	..	4	1	1	1	..	3	5
Teething	1	1	..	..	..	..	1	1	..	2	..	1	1	..	..	2
Senile Decay .. .. .	..	1	..	..	..	10	3	7	3	5	2	4	4	2	..	10
Inquests { Accidents Suicides Natural Causes .. .. .	..	1	1	1	6	2	1	1	5	2	4	7	1	1	2	11
	..	..	..	..	..	1	1	..	..	1	..	..	..	..	1	1
	1	..	..	..	3	2	4	2	5	..	1	2	1	1	2	6
Total	13	2	4	6	29	40	48	46	39	33	22	25	23	21	25	94

CAUSES OF DEATH.

There were no deaths ascribed during the year to any one of the "Seven Principal Zymotic Diseases," a record unparalleled during the past decade. Cancer and Malignant Disease accounted

for 8 deaths, twice as many as in the previous year. Influenza was directly responsible for 3 deaths; Bronchitis and Pneumonia totalled 7, against 9 in the preceding twelve months, whilst Tubercular Diseases show an increase of six, or double the number recorded in 1907. There were more Coroners' Inquests, and fewer deaths from Senile Decay. Premature Birth and Teething number 4 less than in the previous year.

AGE.

There were 19 deaths of children under 15 years of age; 40 persons had attained to 65 years and upwards, with 35 in the middle period of life. The figures for 1907 and 1906 were 31, 31, and 35, and 29, 39, and 36 respectively.

INFECTIOUS DISEASES (NOTIFICATION) ACT.

Disease.	Rural District.	SUB-DISTRICT.			1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.
		Rural Bridlington.	Hunmanby,	Skipsea.				
Diphtheria ...	16	14	2	...	6	...	1	9
Erysipelas ...	1	...	...	1	1	...	...	...
Scarlet Fever...	4	...	4	...	1	...	1	2
Enteric Fever	1	...	...	1	...	...	1	...
Measles ...	15	8	7	...	9	3	3	0
Totals ...	37	22	13	2	17	3	6	11

NOTIFICATION STATISTICS FOR YEARS

1899-1908.

Disease.	1899.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.
Diphtheria ...	13	2	8	...	6	1	5	48	22	16
Erysipelas ...	2	7	3	5	1	6	6	6	2	1
Scarlet Fever ...	25	49	41	15	9	6	13	9	2	4
Enteric Fever ...	7	1	7	2	...	1	7	1	...	1
Puerperal Fever	...	...	...	...	...	...	...	...	1	...
Measles ...	16	97	12	2	10	142	31	126	82	15
Totals ...	63	156	71	24	26	156	62	190	109	37

The comparative Table of Notifications for the last ten years shows 1908 to have been one of the three lightest years of the decennium—the other two being 1902 and 1903, with 24 and 26 Notifications respectively. The 16 cases of Diphtheria form the largest proportion of the Notifications, and are indicative of the

increased prevalence of the disease which has been noted all over the country during the past few years. The difference between these 16 cases and the 21 "Positive" returns is explained by some of these latter being re-examinations of the same case.

Of the 111 specimens sent for Bacteriological examination, 109 were throat swabs, and furnished 88 negative and 21 positive returns. The question of "Positive" and "Negative" will bear investigating. To the Bacteriologist, unless true Diphtheria Bacillus is found, it is negative—the clinical observer, however, does not find this always accord with the facts. Included in the 88 negatives are many cases of Hoffmann's Bacillus, and it is undoubtedly the fact that its presence is often preceded or succeeded by the true Bacillus, its morphological characteristics and behaviour under cultivation are very different from the Klebs Loeffler Bacillus, but the results of observation in a good many cases point to the necessity of keeping Hoffmann's Bacillus very carefully segregated. Dr. Cumpston, Medical Officer, Central Board of Health, Western Australia, writing last month as the result of investigation into several series of small outbreaks, says:—"My practice has been to consider as 'diphtheria bacilli' all those organisms which by routine method of staining films with Loeffler's blue showed the characteristics of Hoffmann's bacillus,"—and decides that the people with Hoffmann's bacillus in their throats are the frequent "carriers" of the disease. This experience entirely coincides with my own—cases where the result of Bacteriological examination has been "negative"—Hoffmann's bacillus present—have after treatment with (a) antistreptococcus serum; (b) antitoxin, and (c) merely kept in a warm atmosphere, in each re-examination have been returned "positive,"—Diphtheria bacilli present. Unwise though it is to dogmatise and generalise on such limited numbers, it is equally imprudent to leave such cases to mix with susceptible people. Any other definite pronouncement cannot be made until after prolonged investigation, free from undoubted "errors of experiment."

During the past 48 years, the deaths from Tuberculosis (all forms) have steadily fallen from 3,400 to less than 1600 per million of both sexes and at all ages; this drop has been greater amongst males than females, and in Rural than Urban population. For the quinquennium 1902-6, the average for both sexes in England and Wales was 1192 per million—for Urban Counties it was 1274, and for Rural Counties 1124. Clearly the extent and mortality of Tuberculosis are decreasing in Rural England, but against this many large centres of population are again showing an increasing death-rate—and I am certain will continue to do so rather than abate until innumerable *slums* are improved off the earth, and free admission of God's pure air and sunshine secured to the inside of

every house. The providing of "lungs," or open spaces in a great city, are valuable helps to general health, that is all—they cannot take the place of free æration and isolation of the dwelling.

Our own Tuberculosis death-rate has lowered slightly during the past 15 years, from an average of 1140 in the first quinquennium to 1125 in the last.

DEATHS FROM CERTAIN DISEASES IN THE YEARS 1899-1908.

	1899.	1900	1901.	1902.	1903.	1904	1905.	1906.	1907.	1908.
Diarrhœa	3	1	3	...	1	4	2	1	1	...
Measles ... ..	...	2	...	...	...	1	...	2	3	...
Enteric Fever ...	1	...	1	...	...	...	...	...	...	...
Scarlet Fever ...	...	1	1	...	...	...	...	...	...	...
Diphtheria	5	...	3	...	...	1	2	4	4	...
Influenza	5	5	1	...	...	...	2	2	4	3
Childbirth... ..	1	1	1	...	1	3	...	2	1	...
Bronchitis, Pneumonia ...	12	16	16	9	10	12	17	11	9	7
Tuberculosis ...	8	12	6	7	11	4	15	9	6	12
Cancer	5	3	11	4	4	5	8	10	4	8

There has been no death from Enteric Fever for six years, and only three in the current decade.

The Cancer mortality-rate varies a little year by year, being occasionally one or two points under or over the mean. This year it is a little above the mean average for the decade.

VACCINATION STATISTICS.

The following table relates to vaccination in the Bridlington Registration Sub-District, the Borough of Bridlington contributing the bulk of the population, but the paragraph following the table relates to the Hunmanby and Skipsea Sub-Districts, each being a vaccination area. Such portion of Bridlington Sub-District as is outside the Borough Boundary, together with Hunmanby and Skipsea areas, form the Rural Sanitary District. The figures are the complete returns for 1907 and previous years.

Year.	Births.	Successfully Vaccinated.	Insusceptible.	Died Unvaccinated.	Postponed by Medical Certificate.	Removed to Districts known.	Removed to Districts unknown.	Conscientious Objectors.	Unaccounted for.	Per cent. lost sight of or unaccounted for.
1896	327	212	2	42	1	2	11	...	57	20.7
1897	344	213	3	33	...	2	1	3	89	26.7
1898	348	222	7	52	1	3	7	3	51	16.6
1899	373	268	6	36	10	4	7	17	25	8.5
1900	363	263	1	41	1	1	17	23	33	9.09
1901	396	291	...	51	4	2	11	32	5	4.0
1902	382	313	2	32	3	1	11	18	2	3.4
1903	366	284	2	29	...	...	18	25	8	7.1
1904	382	269	6	34	...	...	17	45	11	7.3
1905	352	262	1	24	1	1	25	23	15	11.3
1906	353	261	1	22	...	2	15	39	12	7.6
1907	353	207	3	27	2	6	14	66	28	11.8

In 1907, in the Hunmanby and Skipsea Sub-Districts, there were 121 births, of which 111 were successfully vaccinated, three were exempt on account of "conscientious objection," fourteen died unvaccinated two removed to a district known, the Vaccination Officer of which was duly notified, and two removed to districts unknown, and 28 were lost sight of.

For the first half of 1908, there were registered in the whole Union 213 births; of these 113 were successfully vaccinated, 13 died unvaccinated, 65 were exempt on account of "conscientious objection," 5 were postponed by medical certificate, 1 removed to a district known, the Vaccination Officer of which was duly notified, 4 removed to districts unknown, and 11 were lost sight of.

I beg to forward Mr. Robson's valuable and comprehensive Report, and annex the various Statistical Tables required by the Central Authorities.

I have the honour to be,

Gentlemen,

Your obedient Servant,

W. A. WETWAN,

M.O.H.

To the Rural District Council and
Sanitary Authority, Bridlington.

BRIDLINGTON RURAL DISTRICT COUNCIL.

BRIDLINGTON,

FEBRUARY, 1909.

SIR,

I have the honour to again report to you upon the Sanitation of this Rural District.

The year 1908 saw an advance upon past conditions in certain villages, notably at Hunmanby, where the appointment of a public scavenger, who commenced work in the spring of the year, has had a marked effect upon the cleanliness of the dwellings and buildings adjoining. The weekly removal of a number of cartloads of night-soil and garbage to a place right away from the neighbourhood of the houses has proved of great benefit, and most of the villagers are highly appreciative of the results of the experiment. In Hunmanby also, the past year has witnessed the disappearance or improvement of a few of those old worn out cottage dwellings about which mention has previously been made, and the erection in their place of modern and more roomy cottages, built with some regard to air-space and light, and the general laws of hygiene. This work is still going on, and, if continued with, should have its effect in time upon the general health of the village, and especially upon the health of the juvenile population. The water supply of Hunmanby is in the same position as for many years past.

At Lissett the proper sewerage of the village was undertaken and thoroughly carried out in the summer. The North Burton and Wold Newton village wells were renovated and made secure against pollution ; and various other works of a minor character were done.

There still exists in many of the villages the need for *suitable* cottages for the labouring classes, to take the place of the old type, which shew the usual lack of sufficient sleeping space, low wall plates, and steeply pitched roofs, under very many of which an adult cannot stand erect. Such places are unsatisfactory and unsuitable, and their dismantling and replacement is undoubtedly very desirable.

In the course of the year I have taken steps to bring about the prompt abatement of all the nuisances which I discovered or had brought to my notice. These, to the number of about 50, are tabulated at the end of this report, and most of them were, as usual, satisfactorily dealt with by preferring a request to the persons concerned. They comprised the usual category, from cases of alleged overcrowding, to the derelict carcase of a sheep cast up on the beach

below Fraisthorpe. In no case was any difficulty experienced in procuring abatement.

Some cases of Diphtheria occurred in the early part of the year, and again in the early winter months; also there were a few segregated cases of Scarlet Fever, and one case of Typhoid, which I visited and kept under observation. In a few instances samples of water and of milk were obtained and submitted for Bacteriological examination.

The requisite inspections of Cowsheds, &c., have been made, and these places, with some exceptions, have been found in a fair condition of cleanliness. Where necessary the occupiers have been given directions as to cleansing, and apparently such directions have been carried out. So far as is to be observed, the persons engaged in milking are careful in taking precautions for the cleanliness of their own hands when so engaged, and they seem also to use due care in preventing any risk of the milk becoming affected by means of any uncleanness from the cows. The number of cow-keepers in the district fluctuates a little, chiefly at Hunmanby, where a central dairy exists for the daily reception of small quantities of milk from different producers, the whole being sent in bulk to retail at Scarborough.

Factories and Workshops in this district subject to sanitary inspection under the Act of 1901 are few in number, and so far as regards their condition they have throughout occasioned no cause for complaint.

The number of Slaughter-houses in use is the same as a year ago—nine; they are of fair construction, and are kept clean and wholesome. I have frequently inspected these, and have noted the care with which they were cleansed after use.

The following statement shows some description of the nuisances dealt with during the year :—

Drainage out of order and requiring attention ...	...	...	14
Overcrowded living rooms and insufficient accommodation ...	...	...	3
Water courses or pools, and manure yards causing offence or nuisance ...	...	...	4
Accumulations of nightsoil and garbage causing nuisance ...	...	...	3
Structural and other defects in dwelling-houses ...	...	...	18
Nuisances caused by keeping animals, &c. ...	...	...	4
Of other description ...	...	...	3

Present number of Registered Cowsheds	...	...	...	72
Number of Workplaces apparently coming within the provisions of the Factory Acts	...	...	...	35
Number of Slaughter-houses	...	...	...	9

I remain sir,

Your obedient Servant,

F. H. ROBSON,

Inspector of Nuisances.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1903 AND PREVIOUS YEARS.

Year	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.			NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.	Under 1 year.	At all Ages.	Deaths of Residents registered in Public Institutions beyond the District.	Number.	Rate.
				Rate per 1000 Births registered.				
1893	8528	198	23.2	26	131.31	117	117	14.07
1899	8648	219	26.00	26	118.9	101	101	11.68
1900	8708	209	24.00	22	105.3	99	99	11.36
1901	7689	205	26.67	27	131.21	115	121	15.74
1902	7680	207	26.95	15	72.46	92	99	12.89
1903	7724	177	22.91	26	146.8	95	102	13.2
1904	7780	201	25.96	26	129.35	98	103	13.24
1905	7740	186	24.03	18	96.77	96	102	13.17
1906	7714	208	26.9	20	96.1	104	110	14.00
1908	7674	188	24.6	21	111.7	97	104	13.5
Averages for years 1898-1907.	7988.5	199.8	25.12	22.7	113.99	101.4	105.8	13.27
1908	7638	182	23.8	13	71.4	88	94	12.3

Area of District, 60,000 acres. Total population at all ages, 7689. Number of Inhabited houses, 2256.

Average number of persons per house, 3.4, Census of 1901.

Institutions outside District receiving sick and infirm persons from the District :—

The East Riding Asylum, Beverley; The Royal Infirmary, Hull; The Union Infirmary Bridlington ;

The Lloyd Hospital, Bridlington; St. Anne's Convalescent Home, Bridlington.

VITAL STATISTICS OF SEPARATE LOCALITIES IN 1908 AND PREVIOUS YEARS.

NAMES OF LOCALITIES.	WHOLE DISTRICT.				RURAL BRIDLINGTON.				HUNMANBY.				SKIPSEA.			
	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.
YEAR.																
1898 ..	8528	198	117	26	2798	56	31	7	3889	106	62	14	1841	36	24	5
1899 ..	8648	219	101	26	2820	60	40	11	3961	120	47	11	1866	39	14	4
1900 ..	8708	209	99	22	2838	60	34	5	3988	108	48	13	1882	41	17	4
1901 ..	7689	205	121	27	2602	65	37	8	3460	99	55	15	1627	41	29	4
1902 ..	7630	207	99	15	2630	61	39	3	3450	104	44	10	1600	42	16	2
1903 ..	7724	177	102	26	2638	51	31	4	3486	99	51	17	1600	29	17	5
1904 ..	7780	201	103	26	2660	69	34	9	3516	93	42	10	1604	39	27	7
1905 ..	7740	186	102	18	2630	52	44	5	3520	101	38	8	1590	33	20	5
1906 ..	7714	208	110	20	2622	69	32	6	3507	102	53	11	1585	37	25	3
1907 ..	7674	188	104	21	2595	67	48	5	3498	93	43	15	1581	28	13	1
Averages of Years 1898 to 1907.	7988.5	199.8	105.8	22.7	2683.3	61.0	37.0	6.3	3621.5	102.5	48.3	11.6	1677.6	36.5	20.2	4.0
1908 ..	7638	182	94	13	2568	55	39	5	3497	91	33	6	1576	36	22	2

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1908.

NOTIFIABLE DISEASE.	At all Ages.	TOTAL CASES NOTIFIED IN EACH LOCALITY.		
		Rural Brid'ton.	Hun-manby.	Skipsea.
Diphtheria	16	14	2	
Erysipelas	1			1
Scarlet fever	4		4	
Enteric fever	1			1
Measles	15	8	7	
Totals	37	22	13	2

CAUSES OF, AND AGES AT, DEATH, DURING THE YEAR 1908.

CAUSES OF DEATH.	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25	25 and under 65	65 and upwards.	Rural Bridging'n	Hunm'nby	Skipsea.
Epidemic Influenza ...	3	...	...	...	...	...	3	2	...	1
Enteritis ...	1	1	...	...	...	...	...	...	...	1
Phthisis ...	6	...	...	...	1	4	1	4	1	1
Other tuberculous diseases	6	2	...	1	1	1	1	2	3	1
Cancer ...	8	...	...	...	...	2	6	3	4	1
Bronchitis ...	3	...	...	...	1	...	2	1	1	1
Pneumonia ...	4	2	...	...	...	1	1	2	2	...
Premature Birth ...	3	3	...	...	...	...	...	...	3	...
Heart Diseases ...	11	...	...	1	...	7	3	6	1	4
Accidents { Inquests	11	...	1	1	1	6	2	5	2	4
Suicides {	1	...	...	...	...	...	1	...	1	...
Natural Causes {	6	1	...	...	...	3	2	6	...	1
All other Causes ...	31	4	1	1	3	5	18	9	15	7
All Causes ...	94	13	2	4	6	29	40	39	33	22

INFANTILE MORTALITY DURING THE YEAR 1908.

CAUSES OF DEATH.	Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	Total Deaths under One Year.
All Causes } Certified by Coroner	3				3	1		2	1	1	1	3	12 1
Enteritis ...													1
Premature Birth	2				2	1					1		3
Congenital Defects	1				1				1				2
Convulsions ...											1		2
Rickets ...								1					2
Pneumonia ...								1				1	2
Other Causes ...								1				1	1
	3				3	1		2	1	1	2	3	13

Population estimated to middle of 1908. 7638. Births in the year: legitimate 165, illegitimate 17.
 Deaths in the year of legitimate infants 12, illegitimate infants 1. Deaths from all causes at all Ages 94.

REPORT OF MEDICAL OFFICER OF HEALTH, on the
administration of the Factory and Workshop Act, 1901.

INSPECTIONS.

Premises.	Number of Inspections.	Number of Written Notices.	Number of Prosecutions.
Factories (Including Factory Laundries) ... ..	...	...	...
Workshops (Including Work- shop Laundries) ...	35	...	...
Workplaces (Other than Out- workers' premises) ...		...	...
Total	35	...	...

REGISTERED WORKSHOPS.

Total Number of Workshops on List 35